

5808 Long Creek Park Dr. Charlotte, NC 28269 Phone: 704-594-5755 Fax: 704-489-3947

NEW CUSTOMER PROFILE

Company Name:				
Street Address:			PO Box:	
City:	State:	Zip/Postal Code:	Country:	
Contact Name:		Title:	Years in Business:	
Phone:	Fax:	Em	ail:	
Resale No	Federal Tax ID No			
Payment Type:	COD- Wire Transfer/ ACH			
	COD- Guaranteed Only- Cashiers Check or Money Order			
	Credit Card (3.49% Transaction Fee)			

I hereby certify that I hold a valid seller's permit issued pursuant to the sale and use tax laws. I am engaged in the business of selling _______ that the tangible personal property described herein which I will purchase from 1st Class Wheels, LLC will be resold by me in the form of tangible personal property; provided, however that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale regular course of business.

By signing this application, it is agreed that all information is accurate and true. The party signing this form, he or she, will be individually liable for purchases placed on this account. A minimum charge of \$30.00will be added to any insufficient funds or dishonored checks, should be litigation or collection actions be necessary or result due to default of payment of the above balance the party is liable to (plus an interest charge of 20% per annual 1.5% per month until that check is honored or settled), all legal fees, court expenses, and any and all other reasonable expensed incurred by 1st Class Wheels, LLC.

Date	Customer Signature	Printed Name	Title
	1 st Class Wheels <u>Office Purpo</u>	oses Only (DO NOT FILL OUT):	
Date Entered:	Sales Rep:		
Special Instructions:			
Sales Rep	Sales Ma	anager	Accounting